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to a collection of Information unless the disease.

Under the Paperwork Re	ALLFIGMI	ION PEE DE	I EKMINA I				ACER U ORD	DEPARTMENT Lays a valid OMB Ellobor Dockel h	control numb
Substitute for Form PTO-875								1400	<u>0977</u>
CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY			OTHER THAN OR SMALL ENTITY	
FOR BASIC FEE	HUMBER FIL	ED M	NUMBER EXTRA		RATE	FEE].	RATE	FEE
(37 CFR 1.16(a))							OR		5.
TOTAL CLAIMS D7 CFR 1.16(c))	minu	. 20 .		7	X 1_ •		7		
(1) CFR 1.16(b))	· · · · mtnu	s 3 s.		71	X 1 a	1	OR OR	X1	
MULTINE DEPENDENT CLAIM PRESENT (37 CFR 1.16(a))				7	+1 4		OR		
' If the difference in column 1 is less than zero, enter "0" in column 2.					TOTAL		7	<u></u>	
•	S'AS AMENDE		•		70172	<u></u>	OR	TOTAL	<u> </u>
1 S OF (Column 1) (Column 2) (Column 3)					SMALL	ENT/TV	OR		R THAN
	LAIMS MAINING	HIGHEST NUMBER	PRASENT	7 [٠ ٦	SMALL	ENTITY
51 i A	FTER MOMENT	PREVIOUSE PAID FOR		II	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
O total	10 Minu		· /	11	x se		on	**	FEE
Z Independent (1) CFR 1,160g	3 Minu	3] [X 1 e		OR		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM 137 CFR + 18(d))					+1		OR	+,	<u></u>
2/1/2					TOTAL ADOL FEE		OR .	TOTAL ADD'L FEE	
	mn 1)	(Column 2	(Column 3)						
D REM	AIMS AINING TER OMENT	HIGHEST HUMBER PREVIOUSLY PAID FOR	PRESENT	\int	RATE	ADOL TIONAL FEE		RATE	ADDI- TIONAL
Or Con 1,14ct)	O Minus	20	1				OR		FEE
Total Quera Littery 2	3 Minus	3					OR	.,	$\overline{}$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAUM (37 CFR 1.18(d))					1		\ on	+, -	
6.29.07 (Column 1) (Column 2) (Column 3)					DOL FEE		OR	ADD'L FEE	
1 04	IMS	(Cotumn 2)	(Column 1)	_			٠,-		
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Promises	O Minus	20	• —	×	3=		OR :	K 3 =	FEE
(17 CFR 1, tep (1	3 Minus	· 3	-	×					
FIRST PRESENTATION OF	1.			- F					
TO AD							-	OTAL DOT FEE	
If the entry in column 1 is If the "Highest Number Pro If the "Highest Number Pro The "Highest Number Pro	enously Paid For.	IN THIS SPACE I	is less than 20, co	nier *21	o*.				

The Highest Number Previously Peld For (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to life (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.